SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 119 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Brian Davis for Congress	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Matthew T Gettman Mailing Address 2186 Hightop Lane N City Rochester FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Receipt For: 2008 X Primary General Other (specify)	State Zip Code MN 55906 C Occupation Physician Election Cycle-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michel Ghilezan Mailing Address 187 Olympia City Troy FEC ID number of contributing federal political committee. Name of Employer William Beaumont Hospital	State Zip Code MI 48084 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: 2008 X Primary General Other (specify) Full Name (Last, First, Middle Initial) Colum A Gorman Mailing Address 2607 Merrihills Dr SW	Physician Election Cycle-to-Date 600.00	Date of Receipt
City Rochester FEC ID number of contributing federal political committee.	State Zip Code MN 55902	Transaction ID: SA11Al.6634 Amount of Each Receipt this Period 300.00
Name of Employer Mayo Clinic Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Physician Election Cycle-to-Date 500.00	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	L	850.00